

MINUTES

eHealth Care Quality and Patient Safety Board Information Exchange Workgroup

June 22, 2006

Location: 1 W. Wilson Street, Room B372, Madison

Time: 11:00 a.m. - 12:00 p.m.

Attendees:

Members

- Scott Novogoratz
- Debra Rislow
- Susan Turney
- Denise Webb
- Louis Wenzlow
- Hugh Zettel (Chair)

Guests

- Ed Barthell
- Kendra Jacobsen

Resources

- Alyssa Alexander for Keith Haugrud
- Debbie Rickelman
- Terri Hiltz
- Lorna Will

Staff

- Seth Foldy
- Larry Hanrahan
- Stacia Jankowski
- Audrey Nohel
- Judith Nugent

Administration

Minutes

The minutes from June 15 were approved with the following two amendments:

- Removal of Scott Novogoratz from the attendees list.
- Changing the word "accessing" to "batch processing" in the first line of the last paragraph.

Proposed face-to-face meeting - July 20, 10 a.m. - 4 p.m.

Hugh Zettel proposed a face-to-face meeting on July 20 (Note: In general, meetings of this workgroup occur via teleconference). He offered this as an opportunity to meet with the other workgroups and to develop material for the report to the eHealth Board on August 3. Mr. Zettel recommended beginning mid-morning, having a working lunch, and adjourning later in the afternoon. He suggested that he could use the discussion at this meeting as a baseline for reporting to the Board and allow for additional work at the following meeting. Mr. Zettel suggested that those who cannot attend in person could be connected by phone, but expects break-out sessions, which would make communication by phone difficult. Activities for this meeting include brainstorming and priority setting. Mr. Zettel said that he envisions the products from this meeting to include a report structure and next steps.

Workgroup members discussed their availability for this meeting, and the proposed length of the meeting seemed to work for those who were present. Stacia Jankowski will poll the members by e-mail to determine availability for July 20.

Mr. Zettel suggested that the workgroup chairs be invited to this meeting. It would provide an opportunity for collaboration and information-sharing across the workgroups and a place to begin discussing concerns and recommendations that have arisen regarding the governance structure. An example provided was the need for information about the governance model in order to determine patient identification and user authentication options.

Functional Diagram of Workflow between Workgroups

Mr. Zettel reported on the meeting of the workgroup chairs that occurred the previous week. He explained that part of the meeting was devoted to discussing the functional diagram that had been developed to outline the workflow between the groups. Mr. Zettel asked that any members that would like to provide comment on this diagram send them to Ms. Jankowski by June 30.

Mr. Zettel asked that an input be added from the governance workgroup on the right side of the diagram, relating to operating principles and how that information is conveyed to the group. He recommended that the Information Exchange Workgroup may need to address how regional organizations in the state operate in this new structure.

Regional Health Information Organizations in Wisconsin

Wisconsin Health Information Exchange (WHIE)

Ed Barthell said that the Wisconsin Health Information Exchange (WHIE) was set up through a non-profit organization in Wisconsin. It was spun off through a preparedness group initially to address technology testing and options of a signal sign-on process. In 2006, it received follow-up funding from the State of Wisconsin to link emergency departments in Milwaukee County hospitals. This year, WHIE received funding from the Division of Public Health for the development of a pilot data exchange project. WHIE has been working with Bill Bazan, Wisconsin Hospital Association, and hopes to have its first data exchange this fall. Currently, this project has part-time employees; Dr. Barthell continues to serve as a volunteer for the organization.

Mr. Zettel asked about the kind of feedback that was sought and received as this organization was formed. Dr. Barthell reported that initially, a number of open meetings were held, with approximately 60 to 70 participants each. He said that WHIE had a broad range of people feeding information into the system from the major health care players, but certainly focused on payer groups initially. WHIE is now working to get the large pharmacy providers to participate. Dr. Barthell reported that developing an organizational / governance structure has been a focus in the last year, and WHIE now has a Board and dues-paying membership.

Seth Foldy added that WHIE has developed a community-wide single medications list that links medication, allergies, and immunization information. Dr. Barthell reported that related to this topic, the Patient Care Workgroup has completed a prioritization exercise and medication seems to be one of the highest priorities.

Denise Webb asked whom she should talk to if she has questions about the emergency room project discussed earlier. Dr. Barthell directed Ms. Webb to Bill Bazan at the Wisconsin Hospital Association, as he is the lead on this effort. Ms. Webb asked what Dr. Barthell envisions will be provided to emergency room doctors through this effort. Dr. Barthell said that he would like a Regional Health Information Organization (RHIO) that could provide necessary information when a patient seeks treatment through an emergency room. He said that although the claims data is limited, he sees this as a start to making the data useful for physicians.

Madison Patient Safety Collaborative (MPSC)

Kendra Jacobsen reported that the Madison Patient Safety Collaborative (MPSC) was established in 2000 to work on issues related to care quality, and includes representation from the four hospitals and three medical groups in Madison. She reported that the group has been interested in data exchange, but had not spent a great deal of time on this until they were offered the opportunity to do so through funding provided by the DHFS.

Ms. Jacobsen reported that the MPSC has done high-level planning on the governance and operationalizing of this effort. She reported that in early April MPSC was approached by Epic about piloting a data exchange model for Epic customers. This large system model, Care Everywhere Community, allows a person's medical record to follow him or her. This software is licensed for free through Epic. Once an organization signs the agreement for this product, it shares information with all the other organizations that have this product. Epic is not putting in any controls to define the "community." This moves them way beyond our current understanding of "community," according to Ms. Jacobsen.

MPSC is looking at this software in terms of implementing an information exchange. Currently, the only identified delay to a pilot of this software is technical readiness; all organizations using this model need to be on the same version of the Epic software. MPSC is exploring options for implementation of the pilot including implementing it for those already with the correct version of the software and expanding later. Ms. Jacobsen said that based on this software package, they do not expect a need for financing, but instead see a need for an oversight board.

Ms. Webb asked if the Care Everywhere Community software works with only Epic software. Ms. Jacobsen responded that during this initial phase, it will only work with Epic software, but she has been informed that Epic intends to make it available through other operating systems as a read-only document. As part of Phase 2 operation, Ms. Jacobsen said that she expects more functionality, but standards development across systems will be a necessary first step towards interoperability. Ms. Webb informed the group that the

Disability Determination Bureau (DDB) within the Department of Health and Family Services has been talking to Epic about this capability in terms of their determinations. Ms. Webb and Ms. Jacobsen agreed to speak offline on this issue.

Larry Hanrahan asked Ms. Jacobsen about public health access to this information. He noted that although this option looks attractive because it creates this data exchange without the need for a Regional Health Information Organization (RHIO), there is a lost opportunity for monitoring and data mining. Ms. Jacobsen responded that she gets the sense that the data mining option is not really in Epic's business model, but that she could not speak to this issue on Epic's behalf. She said her perception was Epic is working toward a system where the goal is continuity of care.

Scott Novogoratz said that there are three Epic customers in the Milwaukee area who are interested in the Care Everywhere Community product from Epic.

Identify options/examples of technical architectures used by health information exchanges and the best uses of each

Due to the discussion surrounding the RHIOs, this agenda item was put on hold.

Identify other resources, information needs, and clarification

Mr. Zettel noted that he had asked that a number of handouts has distributed prior to the meeting. He provided a very quick overview of the GE Healthcare presentation and said that he thought this would provide a framework for the discussion on architectural models.

Mr. Zettel also said that he has proposed a joint demonstration with Epic on multiple vendor systems so people can get an idea for some of the vendor systems that have been put in place in the last year. He proposed that the workgroup consider discussing this at a future meeting to see what kind of forum could be used for such events.

Next Meeting

June 29, 2006, 11:00 a.m. - 12:00 p.m.